

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SNOHOMISH**

In Re: the Guardianship of:

Case No.:

**OATH OF GUARDIAN
(RCW 11.88.100)**

an Incapacitated Person.

GR 10 05-08

Being first duly sworn upon oath, I _____ solemnly swear that I have been appointed in the above matter

☐ **Full** or ☐ **Limited**

Guardian or Co-Guardian of the Person

☐ **Full** or ☐ **Limited**

Guardian or Co-Guardian of the Estate

I shall faithfully perform all of the duties of my trust as such Guardian for the Incapacitated Person(s) according to law. I understand that the basic duties of a Guardian are described in Chapters 11.88 and 11.92 of the Revised Code of Washington (RCW). I have been furnished a copy of the Guardians Manual for Snohomish County and shall familiarize myself with its contents.

Signature of Guardian

Printed Name of Guardian, /CPG #

Address

Telephone/Fax Number

City, State, Zip

Email Address

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Signature of Notary Public in State of Washington

Printed Name of Notary in the State of Washington

Residing at : _____

My Commission Expires: _____